

Western Neighborhoods Project
presents its

Annual Fundraising Gala

Sunday, May 17, 2020

6:00 to 10:00 p.m.

SPONSOR RESPONSE FORM

YES! I would like to support WNP's Annual Fundraising Gala on Sunday, May 17, 2020 as a sponsor at the following level:

Sutro Level (\$10,000)

- Table for ten with reserved VIP seating
- Full page ad in event program
- Featured logo on all event collateral, podcast, and website
- Speaking opportunity from the podium

Big Alma Level (\$5,000)

- Five tickets (1/2 table) with premium seating
- Full page ad in event program
- Special thank you from the podium

Kelly's Cove Level (\$2,500)

- Two tickets with premium seating
- Full page ad in event program

I can not be a sponsor at this time, but I would like to contribute in other ways:

- Full page ad in event program (\$1,000)
- Half page ad in event program (\$500)
- Quarter page ad in event program (\$250)
- Donation in the amount of \$_____
- Donation of goods or services to Silent Auction:

Payment and registration details on next page.

WNP'S ANNUAL GALA SPONSORSHIP

GUEST (FIRST AND LAST NAME)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

PLEASE RSVP no later than
Friday, May 1, 2020.

Annual Fundraising Gala
Sunday, May 17, 2020
6:00-10:00 p.m.

Presidio Golf Clubhouse
300 Finley Road,
San Francisco, CA 94129

We must receive your RSVP by
the stated date to ensure your
inclusion in the event program.
Please clearly print your
guest(s) first and last name(s). If
you do not know your guest(s)
names at time of purchase, we
ask that you submit them to
us no later than **TWO WEEKS**
PRIOR to the event either by
phone (415-661-1000) or email
(nicole@outsidelands.org).

**Please return this form with
payment to:**
Western Neighborhoods Project
1617 Balboa Street
San Francisco, CA 94121

No physical tickets will be
mailed.

All guest names will be held at
the door.

Sponsorship questions may be
directed to:

Nicole Meldahl
Executive Director
415-661-1000
nicole@outsidelands.org

Sutro Level Big Alma Level Kelly's Cove Level

PAYMENT INFORMATION

Name _____

Company _____

Mailing Address _____

Phone _____ Email _____

Enclosed is my check payable to Western Neighborhoods Project in the amount of
\$ _____

Please bill my credit card: Mastercard Visa American Express

Name on card _____

Account Number _____ + _____

Expiration Date _____ 3-Digit Security Code (on back of card) _____

Signature _____